

Quick Reference Guide for Suspected Influenza Outbreaks in Long-Term Care Facilities, 2020-2021 Influenza Season

These guidelines are intended to help long-term care facilities in the identification, reporting, and control of suspected influenza outbreaks.

Influenza in the Elderly

Adults aged 65 and older have a higher risk of developing severe complications from influenza infections. During the 2019-2020 influenza season (September 29, 2019 to May 16, 2020), individuals in this age group accounted for 40.6% of all influenza-associated hospitalizations and 57.3% of all influenza-associated deaths.

Surveillance and Testing

Surveillance and testing are key to identifying influenza outbreaks. Residents who are suspected to have influenza should be tested, regardless of the time of year. If one resident tests positive for influenza, begin daily active surveillance for respiratory symptoms and ILI in all residents and staff.

What determines an Influenza Outbreak?

An influenza outbreak in a long-term care facility is defined when two or more persons, who shared the same area/unit or the same exposure, are reported as testing positive for influenza by a lab test (e.g., rapid influenza test, culture, real-time PCR, DFA, or IFA) and identified within 72 hours of each other.

What to Report

Report the number of ill individuals, symptoms, symptom onset, testing results, affected areas/units of the facility, hospitalizations, treatment, and mitigation measures already taken.

How to Report an Influenza Outbreak

Contact your local regional health department by phone as listed on the List of Reportable Conditions: scdhec.gov/sites/default/files/Library/CR-009025.pdf

Outbreak Control Measures

Immediately initiate antiviral treatment for all residents with suspected and confirmed influenza.

- ✓ Recommended dosage and duration for oral Oseltamivir is 75 mg twice daily for five days.

- ✓ Initiate antiviral chemoprophylaxis for ALL residents. Recommended dosage and duration for oral Oseltamivir is 75 mg once daily for a minimum of two weeks and continuing for one week after date of last reported case.
- ✓ Consider chemoprophylaxis for staff, regardless of their influenza vaccination status.
- ✓ Promote proper hand hygiene, respiratory hygiene, and cough etiquette throughout the facility.
- ✓ Continue to perform standard precautions during patient care. Implement droplet precautions during patient care of ill residents.
- ✓ Isolate ill residents to their rooms. If not possible, house ill residents together.
- ✓ Designate staff to care for ill residents.
- ✓ Discontinue group activities. Provide meals to residents in their rooms.
- ✓ Restrict visitation, particularly from children, during heightened times of influenza activity.
- ✓ Frequently clean areas close to residents and high-touch surfaces.
- ✓ Reduce contact between ill persons taking antiviral drugs for treatment and other persons, including those receiving antiviral chemoprophylaxis.

Resources

cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf